

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/687855	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	+		1				51	
2		+					52	
3		+					53	
4		+					54	
5		+					55	
6		+					56	
7		+					57	
8		+					58	
9		+					59	
10		+					60	
11		+					61	
12		+					62	
13	+						63	
14		+					64	
15		+					65	
16		+					66	
17		+					67	
18		+					68	
19		+					69	
20		⓪					70	
21		+					71	
22		+					72	
23		+					73	
24	+						74	
25		+					75	
26		+					76	
27		+					77	
28		+					78	
29		+					79	
30		+					80	
31		+					81	
32		+					82	
33	+						83	
34		+					84	
35		+					85	
36		+					86	
37		+					87	
38		+					88	
39		+					89	
40		+					90	
41		+					91	
42	+						92	
43		+					93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	2
TOTAL DEP.	38						TOTAL DEP.	24
TOTAL CLAIMS	43						TOTAL CLAIMS	26

PTO FORM 3-78

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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